

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

December 22, 2009
December 21, 2009

AMENDED REPORT

DATE OF REVIEW: December 21, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy 3 x a week for 4 weeks to include CPT code #97010 hot/cold pack, 97014 electrical stimulation, 97035 ultrasound therapy, 97116 gait training, 97113 aquatic therapy, 97110 physical therapy, 97140 manual therapy, 97124 massage therapy, 97530 therapeutic activities.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate, American Board of Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Employers First Report of Injury or Illness, xx/xx/xx
- Associate Statement-Workers Compensation, 07/30/09
- Texas Workers' Compensation Work Status Report, 07/31/09, 08/05/09, 08/18/09, 10/08/09, 10/12/09, 10/19/09, 11/02/09, 11/10/09
- 07/31/09, 08/05/09, 08/17/09, 09/05/09, 10/05/09, 10/12/09, 10/19/09, 11/02/09
- Imaging, 10/05/09
- xxxxxx, 10/16/09, 11/04/09, 11/10/09, 11/16/09, 11/20/0, 12/01/09
- xxxxxxxx, 12/07/09

Medical records from the Requestor/Provider include:

- xxxxxx, 10/16/09, 11/04/09, 11/10/09
- Texas Workers' Compensation Work Status Report, 11/10/09

PATIENT CLINICAL HISTORY:

The patient is a female who reported she injured her left lumbar area while placing items on a pallet on July 28, 2009.

There has been no documentation of objective signs of radiculopathy. The motor, sensory, and neurologic examinations have consistently been normal. The patient has a normal gait and has no focal tenderness in her back. The MRI reveals only multilevel spondylosis, and L2-3 and L4-5 disc protrusions without nerve impingement. However, one must keep in mind that protrusions, bulges, and annular tears are found in 10%-80% of asymptomatic subjects undergoing investigational imaging studies (JBJS, Volume A, Supplement 2, April 2006).

Additionally, despite the high-pain levels, pulse rate and blood pressure remain normal. Also, based on the mechanism of injury and review of the medical records, in reasonable medical probability she sustained a lumbar sprain/strain. These conditions are self-limited and normally resolve within six to eight weeks with or without treatment (MDA, 2009). If physical therapy is deemed medically necessary, nine sessions over eight weeks, along with a home exercise program is appropriate (ODG, Back Chapter, 2009). The request is for extensive physical therapy, including aqua therapy and passive modalities.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient is now over four months since the index injury. There has been no documentation of spasms, only the presence of diffuse lumbar tenderness. Based on the mechanism of injury, peer reviewed Guidelines, and medical records reviewed, the effects of the index injury resolved approximately two months after the date of the index injury. Consequently, formal physical therapy is not medically necessary or reasonable as it relates to the index injury.

Therefore, based on the above rationale and peer reviewed guidelines, the request for physical therapy is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE** JBJS, Volume A, Supplement 2, April 2006
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**